39

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33455

1. PLACE OF DEATH

County: Greene — Registration District No.: 318 — File No.:

Township: — Primary Registration District No.: 2904 — Registered No.: 162

City: Springfield (No. Springfield Baptist Hospital Ward)

2. FULL NAME: Charles B. McAfee

(a) Residence. No. 604 S. Dollison St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m

4. COLOR OR RACE: w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 30 - 1879

7. AGE: Years 50 — Months 3 — Days 22 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Me.

PARENTS

10. NAME OF FATHER: Fred C B McAfee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

12. MAIDEN NAME OF MOTHER: Matthew Ritchey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: John R. McAfee (Address) Springfield Mo.

15. FILED 10-24, 1929 Ben Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-22 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 16th, 1929, to 10-22-29 that I last saw him alive on 10-22-29 and that death occurred, on the date stated above, at 12 33 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Pulmonary Oedema

111B

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Influenza

(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. D. Patterson, M. D.

10/23, 1929 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Maple Park — DATE OF BURIAL: 10/24 1929

20. UNDERTAKER: [illegible] — ADDRESS: [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import[illegible]